

## FORM D

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OND Number.                                 |
|---|
| Expires:                                    |
| Estimated average burden hours per response |

| SEC USE ONLY |            |  |  |  |  |  |
|--------------|------------|--|--|--|--|--|
| Prefix       | Serial     |  |  |  |  |  |
| DATE         | E RECEIVED |  |  |  |  |  |
|              |            |  |  |  |  |  |

| Limited Partnership Interests                                  | in amendment and nam                           | e has changed, and ind                            | icate change.) |          | 120          | 18105            |                  |     |
|--|--|---|----------------|----------|--------------|------------------|------------------|-----|
| Filing Under (Check box(es) that apply                         | r): Rule 504                                   | Rule 505  |                |          | Section 4(6) | ULOE             |                  |     |
| Type of Filing:  | New Filing                                     | Amendment   |                |          |              | A S              | S-CRIVED CONTROL | •   |
|  |  | A. BASIC IDENTI                                   | FICATION DA    | ATA      |              |                  | 3000             | No. |
| 1. Enter the information requested about                       |  |   |                |          |              | 1 1 St.          | 1. K 32 TOOA     |     |
| Name of Issuer ( check if this an am Brentwood Investments LLC | nendment and name has                          | changed, and indicate                             | change.)       |          |              |                  |                  | -   |
| Address of Executive Offices 6715 NE 63rd, Suite 103-184       |  | er and Street, City, Sta<br>ouver, Washingto      |                |          | Telephone N  | umber (Including | Area Code)       |     |
| Address of Principal Business Operatio                         | ns (Number and Street                          | City State, Zip Code)                             |                |          | Telephone Ni | ımber (Including | - A.             |     |
| (if different from executive Offices                           |  |   |                |          |              |                  | POCESSEL         |     |
| Brief Description of Business                                  |  |   |                |          |              |                  | MOGEO            |     |
|  |  |   |                |          |              |                  | NOCESSED         |     |
| = ' = '  | ership, already formed<br>ership, to be formed | other (please sp                                  | ecify):        |          |              |                  | THOMSON          |     |
| Actual or Estimated date of Incorporati                        | on or Organization:                            |   | Month 0 6      | Year 0 4 | Actu         | al 🗌 Estimated   |                  |     |
| Jurisdiction of Incorporation or Organi                        | · ·  | r U.S. Postal Service a<br>; FN for other foreign |                | State:   | W            | A                |                  |     |

### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on, the filing of a federal notice.

| issuer;  | suer, if the issuer<br>naving the power | has been organized ver to vote or dispose, | or direct the vote or di | isposition of, 10                      | 0% or more of a class of equity securities of the |
|--|---|--|--------------------------|--|---|
| <ul> <li>Each executive officer a</li> <li>Each general and manag</li> </ul> |   |  | corporate general and    | managing partn                         | ers of partnership issuers; and                   |
| Check Box(es) that Apply:  | Promoter                                | Beneficial Owner                           | ☐ Executive Officer      | Director                               | General and/or Managing Partner                   |
| Full Name (Last name first, i  | if individual)                          |  |                          |  |   |
| Douglas E. Brenton   |   |  |                          |  |   |
| Business or Residence Addre  | ss (Number and                          | Street, City, State, Zi                    | p Code)                  |  |   |
| 6715 NE 63rd, Suite 103-1  | 184                                     | Vancouver, Was                             | shington 98661           |  |   |
| Check Box(es) that Apply:  | Promoter                                | ☐ Beneficial Owner                         | Executive Officer        | ☐ Director                             | General and/or Managing Partner                   |
| Full Name (Last name first, i  | if individual)                          |  |                          |  |   |
| Brentwood Investments L  | _LC                                     | <del></del>                                |                          | <del>_</del> ,                         |   |
| Business or Residence Address  | ss (Number and                          | Street, City, State, Zi                    | p Code)                  |  |   |
| 6715 NE 63rd, Suite 103-1  | 184                                     | Vancouver, Was                             | shington 98661           |  |   |
| Check Box(es) that Apply:  | ☐ Promoter                              | ☐ Beneficial Owner                         | Executive Officer        | ☐ Director                             | General and/or Managing Partner                   |
| Full Name (Last name first, i  | f individual)                           |  |                          |  |   |
| Business or Residence Address  | ss (Number and                          | Street, City, State, Zi                    | p Code)                  |  | <del></del>                                       |
| Check Box(es) that Apply:  | ☐ Promoter                              | ☐ Beneficial Owner                         | ☐ Executive Officer      | Director                               | General and/or Managing Partner                   |
| Full Name (Last name first, i  | f individual)                           |  |                          |  |   |
| Business or Residence Address  | ss (Number and                          | Street, City, State, Zi                    | p Code)                  |  |   |
| Check Box(es) that Apply:  | Promoter                                | Beneficial Owner                           | Executive Officer        | Director                               | General and/or Managing Partner                   |
| Full Name (Last name first, i  | f individual)                           |  |                          |  |   |
| Business or Residence Address  | ss (Number and                          | Street, City, State, Zi                    | p Code)                  |  |   |
| Check Box(es) that Apply:  | Promoter                                | ☐ Beneficial Owner                         | Executive Officer        | Director                               | General and/or Managing Partner                   |
| Full Name (Last name first, i  | f individual)                           |  |                          |  |   |
| Business or Residence Address  | ss (Number and                          | Street, City, State, Zi                    | p Code)                  | ······································ |   |
| Check Box(es) that Apply:  | Promoter                                | ☐ Beneficial Owner                         | ☐ Executive Officer      | Director                               | General and/or Managing Partner                   |
| Full Name (Last name first, i  | f individual)                           |  |                          |  |   |
| Business or Residence Address  | ss (Number and                          | Street, City, State, Zi                    | p Code)                  |  |   |
| Check Box(es) that Apply:  | Promoter                                | ☐ Beneficial Owner                         | ☐ Executive Officer      | Director                               | General and/or Managing Partner                   |
| Full Name (Last name first, i  | f individual)                           |  |                          |  |   |
| Business or Residence Address  | ss (Number and                          | Street, City, State, Zi                    | p Code)                  |  |   |

|        |  |  |  |  |                                      |                          |                        |                         |                         |              |                              |                           |                      | Yes        | No       |
|--------|--|--|--|--|--------------------------------------|--------------------------|------------------------|-------------------------|-------------------------|--------------|------------------------------|---------------------------|----------------------|------------|----------|
| 1.     | Has the issu   | ier sold, o                            | r does the                               | issuer int                               | end to sel                           | l, to non-a              | ccredited              | investors               | in this off             | ering?       |                              |                           |                      | 🛛          |          |
|        |  |  |  |  | Answer                               | also in A                | ppendix, (             | Column 2                | if filing u             | under ULC    | DE.                          |                           |                      |            |          |
| 2.     | What is the  | minimum                                | investme                                 | nt that wil                              | I be accep                           | ted from a               | any individ            | dual?                   |                         |              |                              |                           |                      | \$_10,     | 000.00   |
|        |  |  |  |  |                                      |                          |                        |                         |                         |              |                              |                           |                      | Yes        | No       |
|        | Does the of  |  |  |  |                                      |                          |                        |                         |                         |              |                              |                           |                      | ⊠          |          |
|        | Enter the in<br>similar remander an associate<br>broker or death | uneration<br>d person o<br>ealer. If m | for solicit<br>or agent of<br>ore than f | ation of pu<br>f a broker<br>Tive (5) pe | irchasers<br>or dealer<br>rsons to b | in connect<br>registered | ion with s<br>with the | ales of sec<br>SEC and/ | curities in or with a s | the offeri   | ng. If a pe<br>ites, list th | erson to be<br>ne name of | e listed is<br>f the |            |          |
| Full : | Name (Last   | name firs                              | t, if indivi                             | dual)                                    |                                      |                          |                        |                         |                         |              |                              |                           |                      |            |          |
|        | ness or Resid  | danca Ada                              | Iroca (Nur                               | nhor and G                               | Stroot Cit                           | v State 5                | Vin Code)              |                         |                         |              |                              |                           |                      |            |          |
| Dusii  | iess of Resid  | uchce Auc                              | iress (ivui                              | noer and s                               | oneer, Ch                            | y, State, 2              | cip Code)              |                         |                         |              |                              |                           |                      |            |          |
| Nam    | e of Associa   | ited Broke                             | r or Deale                               | er                                       |                                      |                          |                        |                         |                         |              |                              |                           |                      |            |          |
|        |  |  |  |  |                                      |                          |                        |                         |                         |              |                              |                           |                      |            |          |
|        | s in Which l   |  |  |  |                                      |                          |                        |                         |                         |              |                              |                           |                      |            | 1 04.4-  |
| (Che   | ck "All Stat   |  |  |  |                                      |                          |                        |                         |                         |              |                              |                           |                      | <u></u> АП | l States |
|        | [AL]   | [AK]                                   | [AZ]                                     | [AR]                                     | [CA]                                 | [CO]                     | [CT]                   | [DE]                    | [DC]                    | [FL]         | [GA]                         | [HI]                      | [ID]                 |            |          |
|        | [IL]<br>[MT]   | [IN]                                   | [IA]                                     | [KS]<br>[NH]                             | [KY]                                 | [LA]                     | [ME]                   | [MD]                    | [MA]<br>[ND]            | [MI]<br>[OH] | [MN]                         | [MS]<br>[OR]              | [MO]                 |            |          |
|        | [RI]   | [NE]<br>[SC]                           | [NV]<br>[SD]                             | [TN]                                     | [NJ]<br>[TX]                         | [NM]<br>[UT]             | [NY]<br>[VT]           | [NC]<br>[VA]            | [WA]                    | [WV]         | [OK]<br>[WI]                 | [WY]                      | [PA]<br>[PR]         |            |          |
| Full   | Name (Last   |  |  |  | [17]                                 | [01]                     | [,1]                   | [PA]                    | ["A]                    | [""]         | [,,,,]                       | ["1]                      | [1 K]                |            |          |
| Busir  | ness or Resid  | dence Add                              | lress (Nun                               | nber and S                               | Street, Cit                          | y, State, Z              | Lip Code)              |                         |                         |              | ·                            |                           |                      |            |          |
| Name   | e of Associa   | ted Broke                              | r or Deale                               | er                                       |                                      |                          |                        |                         |                         |              | <del></del>                  | <del> </del>              |                      |            |          |
| States | s in Which I   | Person Lis                             | ted Has S                                | olicited or                              | Intends t                            | o Solicit F              | urchasers              |                         |                         |              |                              |                           |                      |            |          |
| (Chec  | ck "All State  | es" or che                             | ck individ                               | lual States                              | )                                    |                          |                        |                         |                         |              |                              |                           |                      | 🔲 All      | States   |
|        | [AL]   | [AK]                                   | [AZ]                                     | [AR]                                     | [CA]                                 | [CO]                     | [CT]                   | [DE]                    | [DC]                    | [FL]         | [GA]                         | [HI]                      | [ID]                 |            |          |
|        | [IL]   | [IN]                                   | [IA]                                     | [KS]                                     | [KY]                                 | [LA]                     | [ME]                   | [MD]                    | [MA]                    | [MI]         | [MN]                         | [MS]                      | [MO]                 |            |          |
|        | [MT]   | [NE]                                   | [NV]                                     | [NH]                                     | [NJ]                                 | [NM]                     | [NY]                   | [NC]                    | [ND]                    | [OH]         | [OK]                         | [OR]                      | [PA]                 |            |          |
|        | [RI]   | [SC]                                   | [SD]                                     | [TN]                                     | [TX]                                 | [UT]                     | [VT]                   | [VA]                    | [WA]                    | [WV]         | [WI]                         | [WY]                      | [PR]                 |            |          |
| Full 1 | Name (Last   | name firs                              | , if indivi                              | dual)                                    |                                      |                          |                        |                         |                         |              |                              |                           |                      |            |          |
| Busin  | less or Resid  | dence Add                              | ress (Nun                                | nber and S                               | Street, Cit                          | y, State, Z              | Zip Code)              |                         | ·· <u> </u>             |              |                              |                           |                      |            | <u> </u> |
| Name   | e of Associa   | ted Broke                              | r or Deale                               | er                                       |                                      |                          |                        |                         | <del></del>             |              |                              |                           |                      |            |          |
| States | s in Which I   | Person Lis                             | ted Has S                                | olicited or                              | Intends t                            | o Solicit F              | urchasers              |                         |                         |              | <del></del>                  |                           |                      |            |          |
| (Chec  | ck "All State  | es" or che                             | ck individ                               | ual States                               | )                                    |                          |                        |                         |                         |              |                              | •••••                     |                      | 🔲 All      | States   |
|        | [AL]   | [AK]                                   | [AZ]                                     | [AR]                                     | [CA]                                 | [CO]                     | [CT]                   | [DE]                    | [DC]                    | [FL]         | [GA]                         | [HI]                      | [ID]                 |            |          |
|        | [IL]   | [IN]                                   | [IA]                                     | [KS]                                     | [KY]                                 | [LA]                     | [ME]                   | [MD]                    | [MA]                    | [MI]         | [MN]                         | [MS]                      | [MO]                 |            |          |
|        | [MT]   | [NE]                                   | [NV]                                     | [NH]                                     | [NJ]                                 | [NM]                     | [NY]                   | [NC]                    | [ND]                    | [HO]         | [OK]                         | [OR]                      | [PA]                 |            |          |

B. INFORMATION ABOUT OFFERING

[VT]

[VA]

[UT]

[TX]

[RI]

[SC]

[SD]

[TN]

[WY]

[WV]

[WA]

[WI]

[PR]

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if an answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |                            |  |
|----|--|----------------------------|--|
|    | Type of Security   | Aggregate<br>Offering Pric |  |
|    | Debt   |                            |  |
|    | Equity   | \$                         | \$   |
|    | Common  Preferred  |                            |  |
|    | Convertible Securities (including warrants)  | \$                         | \$   |
|    | Partnership Interests  | \$                         | \$   |
|    | Other (Specify) preferred membership interests in a limited liability company  |                            |  |
|    | Total  | \$2,000,000                | \$0  |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |                            |  |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."     |                            |  |
|    |  | Number<br>Investors        | Aggregate<br>Dollar Amount<br>Of Purchases |
|    | Accredited Investors   |                            |  |
|    | Non-accredited Investors   |                            |  |
|    | Total (for filings under Rule 504 only)  |                            |  |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   | ···                        |  |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.   |                            |  |
|    | Type of Offering   | Type of<br>Security        | Dollar Amount<br>Sold                      |
|    | Rule 505   | ·· <u></u> _               | \$   |
|    | Regulation A   | ·· <u> </u>                | \$   |
|    | Rule 504   | · •                        | \$   |
|    | Total  | ··                         | \$ 0                                       |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check box to the left of the estimate. | en as                      |  |
|    | Transfer Agent's Fees  |                            | \$   |
|    | Printing and Engraving Costs   |                            | \$   |
|    | Legal Fees   |                            | \$ 15,000                                  |
|    | Accounting Fees  |                            | \$   |
|    | Engineering Fees   |                            | \$   |
|    | Sales Commissions (specify finders' fees separately)   |                            | \$   |
|    | Other Expenses (identify)  |                            | \$   |
|    | Total  |                            | \$ 15,000                                  |
|    |  |                            |  |

|  |   |        | Payments<br>Officers<br>Directors,<br>Affiliate | ,<br>&   |                   | Payments To<br>Others |
|--|---|--------|---|----------|-------------------|-----------------------|
| Salaries and fees  |   |        | \$  |          |                   | \$                    |
| Purchase of real estate  |   |        | \$  |          |                   | \$                    |
| Purchase, rental or leasing and installation of  | machinery and equipment                       |        | \$  |          |                   | \$                    |
| Construction or leasing of plant buildings and   |   |        | \$  |          |                   | \$                    |
| Acquisition of other businesses (including the that may be used in exchange for the assets or  | securities of another issuer pursuant to a    | $\Box$ | ¢   | i        | П                 | ¢                     |
| merger)  |   |        | \$  |          |                   | \$                    |
| Repayment of indebtedness  |   |        | \$<br>\$  |          | _                 | \$<br>\$              |
| Working capital (and start-up expenses)  Other (specify): Loan funds to manager secure   |   |        | ٥   |          |                   | Φ                     |
|  |   | _      |   |          |                   |                       |
|  |   | _<br>⊠ | \$ 1,985,000                                    | . 1      | П                 | \$                    |
| Column Totals  |   |        | \$ 1,985,00                                     |          | $\Box$            | \$                    |
| Total Payments Listed (column totals added).   |   | _      |   | \$ 1,98  | <b>ㅡ</b><br>5.000 | )                     |
| ,  |   |        | _   |          |                   | <del></del>           |
| ature constitutes an undertaking by the issuer to furn<br>rmation furnished by the issuer to any non-accredite<br>er (Print or Type) | ed investor pursuant to paragraph (b)(2) of R |        |   | Date     | iesi c            | or its starr, the     |
| ntwood Investments LLC   | Jones & M                                     |        |   | July [2  | 5,2               | 004                   |
|  |   |        |   |          |                   |                       |
| ne of Signer (Print or Type)   | Title of Signer (Print or Type)               |        |   |          |                   |                       |
| ne of Signer (Print or Type)  glas E. Brenton  | Title of Signer (Print or Type)  Manager      |        |   | <u>.</u> |                   |                       |
|  | Title of Signer (Print or Type)               |        |   |          |                   |                       |
| * '  | Title of Signer (Print or Type)               |        |   |          |                   |                       |
|  | Title of Signer (Print or Type)               |        |   |          |                   |                       |
| * '  | Title of Signer (Print or Type)               |        |   |          |                   |                       |
|  | Title of Signer (Print or Type)               |        |   |          |                   |                       |
|  | Title of Signer (Print or Type)               |        |   |          |                   |                       |

|                            |  | E. STATE SIGNATURE  |                          |             |                |  |  |  |  |  |
|----------------------------|--|---|--------------------------|-------------|----------------|--|--|--|--|--|
| 1.                         | Is any party described in 17 CFR 230.252 ©, (c   | l), (e) or (f) presently subject to any of the disqualifica   | ition provisions         | Yes         | No             |  |  |  |  |  |
|                            | of such a rule?  |   |                          | $\boxtimes$ |                |  |  |  |  |  |
|                            |  | See Appendix, Column 5, for state response.   |                          |             |                |  |  |  |  |  |
| 2.                         | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. |   |                          |             |                |  |  |  |  |  |
| 3.                         | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.  |   |                          |             |                |  |  |  |  |  |
| 4.                         |  | or is familiar with the conditions that must be satisfied<br>the ch this notice is filed and understands that the issuer causes conditions have been satisfied. |                          |             | imited         |  |  |  |  |  |
|                            | issuer has read this notification and knows the corized person.  | ontents to be true and has duly caused this notice to be  | e signed on its behalf l | y the un    | dersigned duly |  |  |  |  |  |
| Issu                       | er (Print or Type)   | Signature   | Date                     |             |                |  |  |  |  |  |
| Bre                        | ntwood Investments LLC   |   |                          |             |                |  |  |  |  |  |
| Nar                        | ne (Print or Type)   | Title (Print or Type)   |                          |             |                |  |  |  |  |  |
| Douglas E. Brenton Manager |  |   |                          |             |                |  |  |  |  |  |

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures

| 1     | Intend t<br>non-acc<br>investors<br>(Part B- | o sell to<br>redited<br>in State | Type of security offering price offered in state (Part C-Item 1) |                                      | Type of amount pur<br>(Part ( | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1) |        |     |    |
|-------|--|----------------------------------|--|--------------------------------------|-------------------------------|---|--------|-----|----|
| State | Yes  | No                               | \$2,000,000<br>Preferred<br>Membership<br>Interests              | Number of<br>Accredited<br>Investors | Amount                        | Number of<br>Non-Accredited<br>Investors  | Amount | Yes | No |
| AL    |  |                                  |  |                                      |                               |   |        |     |    |
| AK    |  |                                  |  |                                      |                               |   |        |     |    |
| AZ    |  |                                  |  |                                      |                               |   |        |     |    |
| AR    |  |                                  |  |                                      |                               |   |        |     |    |
| CA    |  |                                  |  |                                      |                               |   |        |     | j  |
| СО    |  |                                  |  |                                      |                               |   |        |     |    |
| CT    |  |                                  |  |                                      |                               |   |        |     |    |
| DE    |  |                                  |  |                                      |                               |   |        |     |    |
| DC    |  |                                  |  |                                      |                               |   |        |     |    |
| FL    |  |                                  |  |                                      |                               |   |        |     |    |
| GA    |  |                                  |  |                                      |                               |   |        |     |    |
| НІ    |  |                                  |  |                                      |                               |   |        |     |    |
| ID    |  |                                  |  |                                      |                               |   |        |     |    |
| IL    |  |                                  |  |                                      |                               |   |        |     |    |
| IN    |  |                                  |  | ····                                 |                               |   |        |     |    |
| IA    |  |                                  |  |                                      |                               |   |        |     |    |
| KS    |  |                                  |  |                                      |                               |   |        |     |    |
| KY    |  |                                  |  |                                      |                               |   |        |     |    |
| LA    |  |                                  |  |                                      |                               |   |        |     |    |
| ME    |  |                                  |  |                                      |                               |   |        |     |    |
| MD    |  |                                  |  |                                      |                               |   |        |     |    |
| MA    |  | <u> </u>                         |  |                                      |                               | -   |        |     |    |
| MI    |  |                                  |  |                                      |                               |   |        |     |    |
| MN    |  |                                  |  |                                      |                               |   |        |     |    |
| MS    |  |                                  |  |                                      |                               |   |        |     |    |
| МО    |  |                                  |  |                                      |                               |   |        |     |    |
| MT    |  |                                  |  |                                      |                               |   |        |     |    |
| NE    |  |                                  |  |                                      |                               |   |        |     |    |
| NV    |  |                                  |  |                                      |                               |   |        |     |    |

| 1     | 2       | 2  | 3  |  |  | 5<br>Diagnalification under |     |   |   |  |  |
|-------|---------|--|--|--|--|-----------------------------|-----|---|---|--|--|
|       | non-acc | Intend to sell to non-accredited offering price offered in state (Part B-Item 1)  Type of security offering price Type of investor and amount purchased in State (Part C-Item 1) (Part C-Item 2) |  |  |  |                             |     | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1) |   |  |  |
| State | Yes     | No   | \$2,000,000 Preferred Number of Number of Membership Accredited Non-Accredited Non-Accredited Investors Amount |  |  |                             | Yes | No  |   |  |  |
| NH    | 705     | 1.0  |  | III, escors                                    |  | 1111030319                  | ,   | 100   |   |  |  |
| NJ    |         |  |  |  |  |                             |     |   |   |  |  |
| NM    |         |  |  | <u>,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u> |  |                             |     |   |   |  |  |
| NY    |         |  |  |  |  |                             |     |   |   |  |  |
| NC    |         |  |  |  |  |                             |     |   |   |  |  |
| ND    |         |  |  |  |  |                             |     |   |   |  |  |
| ОН    |         |  |  |  |  |                             |     |   |   |  |  |
| OK    |         |  |  |  |  |                             |     |   |   |  |  |
| OR    |         | X  |  | 0  |  | 0                           |     |   | X |  |  |
| PA    |         |  |  |  |  |                             |     |   |   |  |  |
| RI    |         |  |  |  |  |                             |     |   |   |  |  |
| SC    |         |  |  |  |  |                             |     |   |   |  |  |
| SD    |         |  |  |  |  |                             |     |   |   |  |  |
| TN    |         |  |  |  |  |                             |     |   |   |  |  |
| TX    |         |  |  |  |  |                             |     |   |   |  |  |
| UT    |         |  |  |  |  |                             |     |   |   |  |  |
| VT    |         |  |  |  |  |                             |     |   |   |  |  |
| VA    |         |  |  |  |  |                             |     |   |   |  |  |
| WA    |         | х  | 44   | 0  |  | 0                           |     |   | х |  |  |
| wv    | 1000    |  |  | ·  |  |                             |     |   |   |  |  |
| WI    |         |  |  | <del></del>                                    |  |                             |     |   |   |  |  |
| WY    |         |  |  |  |  |                             |     |   |   |  |  |
| PR    |         |  |  | :  |  |                             |     |   |   |  |  |